

CIA INTERNAL USE ONLY
SECRET
(When Filled In)

PERSONALITY <input type="checkbox"/> FILE REQUEST									
TO RI/ANALYSIS SECTION				DATE		ACTION			
FROM				ROOM NO.		<input type="checkbox"/> OPEN <input checked="" type="checkbox"/> AMEND <input type="checkbox"/> CLOSE			
						TELEPHONE			
INSTRUCTIONS: Form must be typed or printed in black letters. SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write CRYPTONYM for those you are unable to complete. SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately. SECTION III: To be completed in all cases.									
SENSITIVE <input type="checkbox"/> NON-SENSITIVE <input type="checkbox"/>		SECTION I 1. SOURCE DOCUMENT							
NAME (Last)		NAME (Middle)		NAME (First)		2.			
ABRAMTCHIK		MIKOLA							
TYPE NAME 2		(Last)		(Middle)		(First)		3.	
V ABRAMTCHIK		MIKOLA							
SECTION II CRYPTONYM PSEUDONYM									
SECTION III									
COUNTRY OF RESIDENCE		10. ACTION DESK		11. 2ND COUNTRY INTEREST		12. 3RD COUNTRY INTEREST			
		SR/1							
COMMENTS: PC SR/4/213									
PUNCHED									
PERMANENT CHANGE		RESTRICTED FILE		SIGNATURE					
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>							

FORM NO. 831
1 JUL 66 USE PREVIOUS EDITIONS.

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(10)

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 3B2E
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2005